

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE	
DECLARATION AND POWER OF ATTORNEY	ATTORNEY'S DOCKET NO. 2345/62

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am an original, first, and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled **SIGNAL TRANSMISSION PROCESS** the specification of which was filed as International Application No. PCT/EP97/05081 on September 17, 1997.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

PRIOR FOREIGN APPLICATION(S)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. § 119
GERMANY	196 40 526.2	01 October 1996		YES

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys:
Richard L. Mayer (Reg. No. 22,490)
William C. Gehris (Reg. No. 38,156)
Erik R. Swanson (Reg. No. 40,833)

SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

Richard L. Mayer
KENYON & KENYON
One Broadway
New York, New York 10004
(212) 425-7200 (phone)
(212) 425-5288 (facsimile)

EL169614947US

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME <u>1-ED</u> SCHEERHORN	FIRST GIVEN NAME Alfred	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY D-49716 Meppen <i>DET</i>	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
POST OFFICE ADDRESS	POST OFFICE ADDRESS Ahornallee 3	CITY D-49716 Meppen	STATE & ZIP CODE/COUNTRY Germany
Signature		Date	
FULL NAME OF INVENTOR	FAMILY NAME <u>2-ED</u> HUBER	FIRST GIVEN NAME Klaus	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY D-64283 Darmstadt <i>DET</i>	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
POST OFFICE ADDRESS	POST OFFICE ADDRESS Ernst-Ludwig-Strasse 21	CITY D-64283 Darmstadt	STATE & ZIP CODE/COUNTRY Germany
Signature <i>Klaus Huber</i>		Date <i>11th march 1999</i>	

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME <u>3-00</u> SCHEERHORN	FIRST GIVEN NAME <u>Alfred</u>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <u>D-49716 Meppen</u> <u>DET</u>	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
POST OFFICE ADDRESS	POST OFFICE ADDRESS Ahornallee 3	CITY D-49716 Meppen	STATE & ZIP CODE/COUNTRY Germany
Signature		Date	
FULL NAME OF INVENTOR	FAMILY NAME <u>4-00</u> HUBER	FIRST GIVEN NAME <u>Klaus</u>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <u>D-64283 Darmstadt</u> <u>DET</u>	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
POST OFFICE ADDRESS	POST OFFICE ADDRESS Ernst-Ludwig-Strasse 21	CITY D-64283 Darmstadt	STATE & ZIP CODE/COUNTRY Germany
Signature <u>Alfred Scheerhorn</u>		Date <u>10.03.1999</u>	